Case 14-42357 Doc 1 Filed 11/24/14 Entered 11/24/14 12:46:35 Desc Main Document Page 1 of 54

| BI (Official F | | | United No | | Bankı District | | | | | | Volu | ntary | Petition |
|--|--|---|-----------------------------------|---|--|--|--|---|---|---|--|---|---|
| Name of De Robinso | | | er Last, First | Middle): | | | Name | of Joint De | ebtor (Spouse |) (Last, First | , Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | All Or (include | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | |
| Last four dig (if more than one, | , state all) | Sec. or Indi | vidual-Taxpa | nyer I.D. (| (ITIN)/Com | plete EIN | Last for | our digits o | f Soc. Sec. or | : Individual- | Гахрауег I.D. | (ITIN) No | o./Complete EIN |
| Street Addres 718 Hun Carol Str | ss of Debto | * | Street, City, | and State) | : | ZIP Code | | Address of | Joint Debtor | (No. and Str | reet, City, and | l State): | ZIP Code |
| - 47 | | | | an : | | 60188 | | 6 D . 1 | 6.1 | D: : 1 DI | CD : | | ZII Code |
| County of Re DuPage | esidence or | of the Prin | cipal Place o | f Busines: | S: | | Count | y of Reside | ence or of the | Principal Pla | ace of Busine | ss: | |
| Mailing Add | ress of Deb | otor (if diffe | rent from str | eet addres | ss): | | Mailir | ng Address | of Joint Debt | or (if differe | nt from street | address): | |
| | | | | | _ | ZIP Code | e | | | | | | ZIP Code |
| Location of I (if different f | | | | | | | | | | | | | |
| | • • | f Debtor | | | | of Busines | s | | | | otcy Code Ur | | h |
| ☐ Individua See Exhibi ☐ Corporati ☐ Partnersh ☐ Other (If | al (includes it D on page ion (include hip debtor is not box and stat | 2 of this form es LLC and cone of the al | ors) n. LLP) bove entities, | Sing in 1 Rail Stoo | Ith Care Bugle Asset Re 1 U.S.C. § road ekbroker nmodity Broaring Bank | siness eal Estate a 101 (51B) | s defined | ☐ Chapt☐ | er 7 er 9 er 11 er 12 | ☐ Cl of ☐ Cl of | hapter 15 Peti a Foreign Mahapter 15 Peti a Foreign No a Foreign No | ition for Re ain Proceed ition for Re | ding ecognition |
| Country of de Each country by, regarding, | ebtor's center | oreign procee | eding | ☐ Debi | Tax-Exe | the United S | le) zation States | defined "incurr | are primarily co 1 in 11 U.S.C. § ed by an indivi anal, family, or | (Check consumer debts, \$ 101(8) as idual primarily | k one box) | | are primarily ss debts. |
| | Fil | ling Fee (C | heck one box | x) | | | one box: | <u> </u> | - | ter 11 Debt | | | |
| debtor is u Form 3A. Filing Fee | to be paid in ned application anable to pay waiver reque | n installments on for the cou fee except in | art's considerat installments. | ion certifyi Rule 1006 7 individu | ng that the (b). See Office als only). Mu | Check | Debtor is not if: Debtor's agg are less than all applicable A plan is bein Acceptances | a small busi regate nonco \$2,490,925 (e boxes: ng filed with of the plan w | amount subject | defined in 11 to atted debts (except to adjustment dependent) | J.S.C. § 101(51 cluding debts ov on 4/01/16 and | wed to inside | ers or affiliates) e years thereafter). ditors, |
| Statistical/A ■ Debtor es □ Debtor es there will | stimates tha | nt funds will nt, after any | be available | erty is ex | cluded and | administra | | es paid, | | THIS | SPACE IS FO | R COURT (| JSE ONLY |
| Estimated Nu | umber of C 50- 99 | reditors 100- 199 | 200- | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | | | |
| Estimated As | \$50,001 to \$100,000 | \$100,001 to \$500,000 | | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | | | |
| Estimated Lis | abilities \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | | | |

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B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Robinson, Kathlene I (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: Northern District of Illinois 11-29122 7/15/11 Date Filed: Location Case Number: Where Filed: Northern District of Illinois 04-24226 6/28/04 Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Date Filed: Name of Debtor: Case Number: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Kathleen Vaught, P.C. November 24, 2014 Signature of Attorney for Debtor(s) (Date) Kathleen Vaught, P.C. Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Kathlene I Robinson

Signature of Debtor Kathlene I Robinson

 \mathbf{X}

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

November 24, 2014

Date

Signature of Attorney*

X /s/ Kathleen Vaught, P.C.

Signature of Attorney for Debtor(s)

Kathleen Vaught, P.C.

Printed Name of Attorney for Debtor(s)

Kathleen Vaught, PC

Firm Name

600 W. Roosevelt Rd., Suite B-1 Wheaton, IL 60187

Address

630-871-9100 Fax: 630-871-9200

Telephone Number

November 24, 2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Robinson, Kathlene I

Signatures

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| v |
|---|
| Δ |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| | _ | | | |
|---|----|---|---|--|
| ٩ | ٧ | v | • | |
| | ١, | 8 | | |

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Printed Name of Authorized Individual

Title of Authorized Individual

Date

If more than one person prepared this document, attach additional sheets

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in

conforming to the appropriate official form for each person.

fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

| In re | Kathlene I Robinson | | Case No. | |
|-------|---------------------|-----------|----------|----|
| | | Debtor(s) | Chapter | 13 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | Page 2 |
|---|---|
| mental deficiency so as to be incapable of realizing financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 1090) | (h)(4) as physically impaired to the extent of being credit counseling briefing in person, by telephone, or |
| ☐ 5. The United States trustee or bankruptcy adm requirement of 11 U.S.C. § 109(h) does not apply in this | inistrator has determined that the credit counseling district. |
| I certify under penalty of perjury that the info | rmation provided above is true and correct. |
| Signature of Debtor: /s/ | Kathlene I Robinson |
| - N 1 01 001 | hlene I Robinson |
| Date: November 24, 2014 | |

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | Page 2 |
|---|--------|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); | |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being | 3 |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, | or |
| through the Internet.); | |
| ☐ Active military duty in a military combat zone. | |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. | 3 |
| I certify under penalty of perjury that the information provided above is true and correct. | |
| Signature of Debtor: Achline O Robuson Nathlene I Robinson Date: 11/5/14 | |

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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Northern District of Illinois

| In re | Kathlene I Robinson | | Case No | | |
|-------|---------------------|--------|---------|----|--|
| • | | Debtor | , | | |
| | | | Chapter | 13 | |
| | | | * - | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 266,000.00 | | |
| B - Personal Property | Yes | 3 | 30,118.37 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 374,184.25 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 7 | | 109,523.85 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 7,200.17 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 5,954.00 |
| Total Number of Sheets of ALL Schedu | ıles | 20 | | | |
| | T | otal Assets | 296,118.37 | | |
| | | | Total Liabilities | 483,708.10 | |

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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Northern District of Illinois

| In re | Kathlene I Robinson | | Case No. | |
|-------|---------------------|--------|----------|----|
| | | Debtor | | |
| | | | Chapter | 13 |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 0.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 7,200.17 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 5,954.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 3,476.05 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 108,184.25 |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 109,523.85 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 217,708.10 |

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B6A (Official Form 6A) (12/07)

| In re | Kathlene I Robinson | Case No. | |
|-------|---------------------|----------|--|
| _ | | Debtor | |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Current Value of Husband, Debtor's Interest in Wife, Nature of Debtor's Amount of Description and Location of Property Property, without Interest in Property Joint, or Secured Claim Deducting any Secured Claim or Exemption Community Fee simple 266,000.00 374,184.25 718 Huntington Drive

Carol Stream, IL 60188 Purchased 2005 - \$385,000

FMV as per Appraisal dated May 7, 2011

> Sub-Total > 266,000.00 (Total of this page)

266,000.00 Total >

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B6B (Official Form 6B) (12/07)

| In re | Kathlene I Robinson | Case No. | |
|-------|---------------------|----------|--|
| _ | | Debtor | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|--|---|---|---|
| 1. | Cash on hand | Cash on Hand | - | 3.00 |
| 2. | | West Suburban Bank - Checking | - | 300.00 |
| | accounts, certificates of deposit, or shares in banks, savings and loan, | Bank of America Checking | - | 3,000.00 |
| | thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | West Suburban Checking with Mother Bank Account Balance - \$800.00 50% = \$400.00 | J | 400.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | x | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | 7 Rooms of Furniture - TV, Computer, Sax, Clarinet, Violin | , - | 700.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | |
| 6. | Wearing apparel. | Normal Wearing Apparel | - | 400.00 |
| 7. | Furs and jewelry. | Diamond Ring | - | 300.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | x | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | State Farm Universal Life Insurance Policy | - | 5,565.37 |
| 10. | Annuities. Itemize and name each issuer. | x | | |
| | | | | |

Sub-Total > **10,668.37** (Total of this page)

² continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Kathlene I Robinson | Case No. | |
|-------|---------------------|----------|--|
| _ | | | |

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|--|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing | Pensi | on - Good Samaritan | - | 9,000.00 |
| | plans. Give particulars. | 401(k) | | - | 1,000.00 |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | (T | Sub-Tota of this page) | al > 10,000.00 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Kathlene I Robinson | Case No |
|-------|---------------------|---------|
| _ | | 1 |

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | x | | | |
| 25. | Automobiles, trucks, trailers, and | 20 | 006 Saturn Relay - 122,000 Miles | - | 2,850.00 |
| | other vehicles and accessories. | 20 | 009 Ford Focus - 54,000 Miles | - | 6,600.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |

Sub-Total > (Total of this page)

9,450.00

Total > **30,118.37**

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Kathlene I Robinson | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|---|----------------------------------|---|
| Real Property 718 Huntington Drive Carol Stream, IL 60188 Purchased 2005 - \$385,000 | 735 ILCS 5/12-901 | 0.00 | 266,000.00 |
| FMV as per Appraisal dated May 7, 2011 | | | |
| Cash on Hand Cash on Hand | 735 ILCS 5/12-1001(b) | 3.00 | 3.00 |
| Checking, Savings, or Other Financial Accounts, C | ertificates of Deposit | 202.00 | 222.22 |
| West Suburban Bank - Checking | 735 ILCS 5/12-1001(b) | 300.00 | 300.00 |
| Bank of America Checking | 735 ILCS 5/12-1001(b) | 3,000.00 | 3,000.00 |
| West Suburban Checking with Mother Bank Account Balance - \$800.00 50% = \$400.00 | 735 ILCS 5/12-1001(b) | 400.00 | 400.00 |
| Household Goods and Furnishings 7 Rooms of Furniture - TV, Computer, Sax, Clarinet, Violin | 735 ILCS 5/12-1001(b) | 0.00 | 700.00 |
| Wearing Apparel Normal Wearing Apparel | 735 ILCS 5/12-1001(a) | 400.00 | 400.00 |
| <u>Furs and Jewelry</u> Diamond Ring | 735 ILCS 5/12-1001(b) | 297.00 | 300.00 |
| Interests in Insurance Policies State Farm Universal Life Insurance Policy | 215 ILCS 5/238 | 3,000.00 | 5,565.37 |
| Interests in IRA, ERISA, Keogh, or Other Pension o Pension - Good Samaritan | r Profit Sharing Plans 735 ILCS 5/12-704 | 14,000.00 | 9,000.00 |
| 401(k) | 735 ILCS 5/12-704 | 1,000.00 | 1,000.00 |
| Automobiles, Trucks, Trailers, and Other Vehicles 2006 Saturn Relay - 122,000 Miles | 735 ILCS 5/12-1001(c) | 2,400.00 | 2,850.00 |

| Total: | 24.800.00 | 289.518.37 |
|--------|-----------|------------|
| | | |

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B6D (Official Form 6D) (12/07)

| In re | Kathlene I Robinson | Case No. | |
|-------|---------------------|----------|--|
| | | , | |
| | | Debtor | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | J M H | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGEN | UNLIQUIDA | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|-----------------|-------------|--|-----------------|------------|-----------------|--|---------------------------------|
| Account No. xxxxx4502 BAC Home Loans 450 American St Simi Valley, CA 93065 | | - | Notice Only Notice Only 718 Huntington Drive Carol Stream, IL 60188 Purchased 2005 - \$385,000 FMV as per Appraisal dated May 7, 2011 Value \$ 266,000.00 | T . | A T E D | | 0.00 | 0.00 |
| Account No. xxxxx0427 BAC Home Loans 450 American St Simi Valley, CA 93065 | | - | Second Mortgage 718 Huntington Drive Carol Stream, IL 60188 Purchased 2005 - \$385,000 FMV as per Appraisal dated May 7, 2011 | | | | 74 700 00 | 7.1.700.00 |
| Account No. xxxxxxxx2779 Nationstar Mortgage (Wells Fargo) P.O. Box 619063 Dallas, TX 75261-9063 | | - | Value \$ 266,000.00 06/2005 Mortgage 718 Huntington Drive Carol Stream, IL 60188 Purchased 2005 - \$385,000 FMV as per Appraisal dated May 7, 2011 | | | | 74,769.00 | 74,769.00 |
| Account No. xx xx 2779 Wells Fargo C/O The Wirbicki Law Group 33 W. Monroe St., Suite 1140 Chicago, IL 60603 | | | Value \$ 266,000.00 Representing: Nationstar Mortgage (Wells Fargo) | | | | 299,415.25 Notice Only | 33,415.25 |
| continuation sheets attached | | 1 | | Subte this p | | | 374,184.25 | 108,184.25 |
| | | | (Report on Summary of So | _ | ota ule | - | 374,184.25 | 108,184.25 |

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B6E (Official Form 6E) (4/13)

| In re | Kathlene I Robinson | Case No | |
|-------|---------------------|---------|--|
| • | | Debtor | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
|--|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| □ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relat of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| □ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent salar representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Kathlene I Robinson | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor , | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, | С | Ηι | usband, Wife, Joint, or Community | С | U | D | |
|---|----------|-------------|--|---------------|-------------|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | | ONTINGEN | L Q U | U T F | AMOUNT OF CLAIM |
| Account No. | | | Medical Expenses | 7 F | T E D | | |
| Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515 | | - | xxxx5460 - \$ 5,547.93 xxxx2429 - \$ 240.08 xxxx5474 - \$ 816.97 xxxx8573 - \$ 836.37 xxxx5212 - \$ 2,414.47 | | D | | |
| Account No. | | | Medical Expenses | | \perp | | 9,855.82 |
| Armor Systems Co 1700 Kieffer Dr., Ste. 1 Zion, IL 60099 | | - | Original Creditor DuPage Internal Medicine | | | | 125.00 |
| Account No. | | | Consumer Goods | | + | _ | 125.00 |
| Candica, LLC C/O Weinstein and Riley, PS 2001 Western Ave., Suite 400 Seattle, WA 98121 | | - | Original Creditor Barclays Bank Delaware | | | | |
| | | | | | | | 859.17 |
| Account No. xxxx2973 Candica, LLC C/O Weinstein and Riley, PS 2001 Western Ave., Suite 400 Seattle, WA 98121 | | - | Consumer Goods Original Creditor Capital One | | | | 3,540.83 |
| 6 continuation sheets attached | | <u> </u> | (Total o | Sub f this | | | 14,380.82 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Kathlene I Robinson | Case No | |
|-------|---------------------|---------|--|
| _ | - | Debtor | |

| | _ | | | 1. | 1 | 1- | T |
|---|----------|-------------|--|------------|------------------|----------|-----------------|
| CREDITOR'S NAME, | COD | | sband, Wife, Joint, or Community | - 0 i | UNLI | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | DEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NT I NG EN | Ü | Ţ | AMOUNT OF CLAIM |
| Account No. | | | Medical Expenses | 7 🕆 | D A T E | | |
| Central DuPage Physician Group Pre-Collection Department P.O. Box 479 Winfield, IL 60190 | | - | xxxx7554 - \$77.28 xxxx1394 - \$25.07 xxxx2001 - \$1522.91 xxxx2001 - \$882.92 xxxx2001 - \$329.77 | | D | | 2,837.95 |
| Account No. xxxx2825 | | | Medical Expenses | | | | |
| Conventions Psychiatry 4S100 Route 59, Unit 6 Naperville, IL 60563 | | - | | | | | 671.00 |
| Account No. | | | xxx3044 | | | | 071.00 |
| Credit One Bank P.O. Box 98875 Las Vegas, NV 89183-8872 | | - | Consumer Goods | | | | 1,152.00 |
| Account No. | Н | | Medical Expenses | + | | | |
| Creditors Collection Bureau, Inc. PO Box 63 Kankakee, IL 60901-0063 | | - | Original Creditor Provena Mercy Center xxx34339 - \$2015.00 xxx34339 - \$873.00 xxx34151 - \$139.00 | | | | 2 006 69 |
| Account No. xxxx094 | \vdash | | Medical Expenses | + | <u> </u> | \vdash | 3,906.68 |
| DuPage Internal Medicine, LTD. P.O. Box 833X Wheaton, IL 60189 | | - | | | | | 110.34 |
| Sheet no1 of _6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub | | | 8,677.97 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Kathlene I Robinson | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| CREDITORIS NAME | С | Hu | sband, Wife, Joint, or Community | С | U | D | |
|--|---------|-------------|--|----------|-------------|-----|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | C J H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | | l F | AMOUNT OF CLAIM |
| Account No. | | | Student Loans | Т | T E D | | |
| Federal Loan Servicing P.O. Box 69184 Harrisburg, PA 17106 | | - | 2657 7614 FDO xxxx - \$9500 2657 7614 FDO xxxx - \$5021 2657 7614 FDO xxxx - \$8647 | | D | | |
| Account No. xxxxxx3900 | - | | 03/07/2014 | | | | 23,168.00 |
| Full Circle Financial Services P.O. Box 2438 Largo, FL 33779-2438 | | - | Medical Expenses Original Creditor EuroPro Operating Inc. | | | | |
| | | | | | | | 149.85 |
| Account No. Healthcare Recovery Solutions 1515 190th Street, Suite 350 Gardena, CA 90248-4910 | | _ | Medical Expenses Original Creditor - Central Dupage Hospital xxxx8680 - \$79.50 xxxx9576 - \$1833.75 xxxx0080 - \$405.00 xxxx2353 - \$112.00 xxxx8601 - \$1014.25 xxxx7442 - \$76.00 | | | | 3,115.50 |
| Account No. | | | Medical Expenses | | | | |
| Healthcare Recovery Solutions 1515 190th Street, Suite 350 Gardena, CA 90248-4910 | | - | Original Creditor: Central DuPage Hospital xxxx8640 - \$60.00 xxxx8949 - \$599.00 xxxx8953 - \$549.00 xxxx4688 - \$1530.00 | | | | 2,738.00 |
| Account No. xxxx9769 | ┢ | | Consumer Goods | | H | | |
| HSBC Bank P.O. Box 5213 Carol Stream, IL 60197 | | - | | | | | |
| | | | | | | | 1,552.36 |
| Sheet no. 2 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | • | (Total of | Sub | | | 30,723.71 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Kathlene I Robinson | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, | CO | | sband, Wife, Joint, or Community | C O N T | U | D | ľ | |
|--|---------|-------------|---|-------------|----------|--------|---------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | C J M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NT I NG ENT | ΙQ | SPUTED | : | AMOUNT OF CLAIM |
| Account No. xxxx9047 | 1 | | Consumer Goods | T | E | | | |
| HSBC Bank c/o CCB Credit Services, Inc. 5300 S. 6th St. Springfield, IL 62703 | | - | | | | | | 253.00 |
| Account No. xxxx6812 | | | 03/03/2013 | Т | | Г | T | |
| ICS Collection Service P.O. Box 1010 Tinley Park, IL 60477-9110 | | - | Medical Expenses Original Creditor Advocate Good Samaritan Hospital | | | | | |
| | l | | | | | | | 3,220.80 |
| Account No. xxxx2 PAO | | | Student Loan | T | T | T | † | |
| Illinois Student Asst. Commission PO Box 235 Deerfield, IL 60015-0235 | | - | | | | | | |
| | | | | L | L | L | \perp | 6,698.98 |
| Account No. xxxx8076 Juniper Card Services P.O. Box 13337 Philadelphia, PA 19101-3337 | | - | Consumer Goods | | | | | 716.89 |
| Account No. xxx599.1 | ╁ | | Medical Expenses | + | \vdash | ╁ | + | |
| Laboratory & Pathology Diagnostics Department 4387 Carol Stream, IL 60122-0001 | | - | | | | | | 13.50 |
| Sheet no3 of _6 sheets attached to Schedule of | | <u> </u> | | Sub | tota | ıl | † | 10,903.17 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | ze) | , [| 10,903.17 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Kathlene I Robinson | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | U | D | |
|--|----------|-------------|--|----------|-------------|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | LIQUIDA | U E D | AMOUNT OF CLAIM |
| Account No. | | | Medical Expenses Original Creditor Central DuPage Internal | Т | T E D | | |
| Medical Business Bureau, LLC P.O. Box 1219 Park Ridge, IL 60068-7219 | | _ | Medicine | | | | 278.00 |
| Account No. xxxxxx9783 | ┞ | H | 07/12/2013 | + | ╀ | - | 270.00 |
| Medical Business Bureau, LLC P.O. Box 1219 Park Ridge, IL 60068-7219 | | - | Medical Expenses Original Creditor Dupage Emergency Phys. | | | | E00 00 |
| Account No. xxxx0229 | L | | Medical Expenses | | _ | H | 588.00 |
| Midwest IDS LLC P.O. Box 638 Winfield, IL 60190 | | _ | | | | | 50.00 |
| Account No. xxxx2277 | | | Medical Expenses | | T | | |
| MiraMed Revenue Group PO Box 77000 Dept. 77304 Detroit, MI 48277-0304 | | _ | Original Creditor Northwestrn Memorial Hospital xxxx2277 - \$175.00 xxxx169552 - \$4009.55 xxxx82110 - \$1806.07 | | | | 5,990.62 |
| Account No. | | | Medical Expenses | + | \dagger | | |
| Nationwide Credit and Collection 815 Commerce Drive, Suite 270 Oak Brook, IL 60523 | | _ | Original Creditor Cadance Health xxxx5273 - \$1542.05 xxxx4114 - \$276.91 xxxx5273 - \$86.00 xxxx2333 - \$507.10 | | | | 2,412.06 |
| Sheet no4 of _6 sheets attached to Schedule of | <u> </u> | | <u> </u> | Sub | tota | ıl al | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total o | this | pag | ge) | 9,318.68 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Kathlene I Robinson | Case No | |
|-------|---------------------|---------|--|
| _ | - | Debtor | |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | CO | U | D | |
|---|-----------|-------------|---|---------|------------------|----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J M H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NTINGEN | LIQUID | | AMOUNT OF CLAIM |
| Account No. | 1 | | Medical Expenses Original Creditor DuPage Prosthetic Orthotics | Т | A T E D | | |
| Northwest Collectors 3601 Algonquin Rd., Suite 232 Rolling Meadows, IL 60008 | | - | 353494xxxx - \$596.00 xxxx - \$66.70 | | | | |
| | ╀ | | | | _ | | 662.70 |
| Account No. xxxx8148 Northwestern Medical Faculty P.O. Box 75494 Chicago, IL 60675 | | - | Medical Expenses xxxx98148 - \$2593.10 xxxx98148 - \$51.60 | | | | |
| Account No. xxxx5114 | ╀ | | Medical Expenses | + | - | | 2,644.70 |
| Provena Health Ctr For Diag. 75 Remittance Drive #6254 Chicago, IL 60675 | | - | | | | | 55.05 |
| Account No. | ╁ | | Medical Expenses | | | | |
| Provena Mercy Center c/o Creditors Collection Bureau Kankakee, IL 60901 | | - | | | | | 120.00 |
| Account No. xxxx-xxxx xx-xx1171 | ╁ | | 06/26/2013 | + | _ | | 120.00 |
| Rediologists of DuPage, S.C. 520 E. 22nd Street Lombard, IL 60148-6110 | | - | Medical Expenses | | | | 276.00 |
| Sheet no. <u>5</u> of <u>6</u> sheets attached to Schedule of | _ | | | Sub | tota | ıl | 3,758.45 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Kathlene I Robinson | Case I | No |
|-------|---------------------|--------|----|
| - | | Debtor | |

| | 1 | L., | about Miss laint an October 1999 | 16 | 1 | D | |
|--|-------------|-------------|---|------------|-------------|-------------|-----------------|
| CREDITOR'S NAME, | C O D | | sband, Wife, Joint, or Community | ۱ <u>۵</u> | UNLI | Ĭ | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | D E B T O R | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | QULD | U T E | AMOUNT OF CLAIM |
| Account No. XXXXXXXX | | | 10/01/2011 | ٦⊤ | Ā T E | | |
| State Collection Service 2509 S. Stoughton Road Madison, WI 53716 | | - | | | D | | 2,010.00 |
| Account No. xxxxXXXX | T | | 11/01/2013 | T | | | |
| State Collection Service 2509 S. Stoughton Road Madison, WI 53716 | | - | | | | | 55,00 |
| Account No. xxx xxxxx947A | ╁ | | 03/18/2013 | + | | | |
| Tri City Radiology S.C. 9410 Compubill Drive Orland Park, IL 60462 | | - | Medical Expenses | | | | |
| | | | | | | | 276.00 |
| Account No. US Department of Education PO Box 530260 Atlanta, GA 30353-0260 | | - | Student Loan 9556 9764 xxxx \$13,102.00 \$2718.00 \$9252.00 \$1367.00 \$1882.00 | | | | 29,360.59 |
| Account No. xxxx567 | | | Medical Expenses | | | | |
| Winfield Laboratory Consultants, SC Dept. 4408 Carol Stream, IL 60122-4408 | | - | Original Creditor Winfield Radiology | | | | 59.46 |
| Sheet no. 6 of 6 sheets attached to Schedule of | _ | | | Sub | tota | ıl | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 31,761.05 |
| | | | (Report on Summary of So | | ota lule | | 109,523.85 |

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B6G (Official Form 6G) (12/07)

| In re | Kathlene I Robinson | Case No | |
|-------|---------------------|---------|--|
| - | | Debtor | |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 14-42357 Doc 1 Filed 11/24/14 Entered 11/24/14 12:46:35 Desc Main Document Page 25 of 54

B6H (Official Form 6H) (12/07)

| In re | Kathlene I Robinson | Case No | |
|-------|---------------------|-------------|--|
| | | , Debtor | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| Fill | I in this information to identify your c | 380. | | 1 | |
|-------------|--|--------------------------|---|------------------------|------------------------------------|
| | ebtor 1 Kathlene I R | | | | |
| | ebtor 2 ouse, if filing) | | | | |
| Un | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | |
| | nse number (nown) | | - | | |
| 0 | fficial Form B 6I | | | MM / DD/ | YYYY |
| S | chedule I: Your Inc | ome | | | 12/13 |
| spo atta | polying correct information. If you buse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment | r spouse is not filing w | ith you, do not include informati | on about your sp | ouse. If more space is needed, |
| 1. | Fill in your employment information. | | Debtor 1 | Debtor | 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | ■ Emp | • |
| | attach a separate page with information about additional | . , | ☐ Not employed | □ Not € | employed |
| | employers. | Occupation | Substitute Teacher | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Community Consolidated School Dist. 93 | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 230 Covington Drive Bloomingdale, IL 60108 | | |
| | | How long employed t | here? 6 Years | | |
| Pa | rt 2: Give Details About Mor | nthly Income | | | _ |
| | imate monthly income as of the douse unless you are separated. | | you have nothing to report for any | line, write \$0 in the | e space. Include your non-filing |
| | ou or your non-filing spouse have more space, attach a separate sheet to | | ombine the information for all empl | oyers for that pers | on on the lines below. If you need |
| | | | | For Debtor 1 | For Debtor 2 or |

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | | | |
|----|-----|--------------|-----------------------------------|------|--|--|
| 2. | \$ | 2,481.01 | \$ | 0.00 | | |
| 3. | +\$ | 0.00 | +\$ | 0.00 | | |
| 4. | \$ | 2,481.01 | \$_ | 0.00 | | |

Official Form B 6I Schedule I: Your Income page 1

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| Deb | tor 1 | Kathlene I Robinson | | Case r | number (if known) | | | |
|-----|---------------------------------|---|----------------------------------|-------------|--|---------------------------------------|--|----------|
| | Con | vulino 4 horo | 4. | For | Debtor 1 2,481.01 | For Debtor | spouse | |
| | | y line 4 here | 4. | » — | 2,481.01 | Φ | 0.00 | |
| 5. | 5a. 5b. 5c. | all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans | 5a. 5b. 5c. | \$ | 295.27 0.00 0.00 | \$ \$ \$ | 0.00 0.00 0.00 | |
| | 5d. 5e. 5f. 5g. 5h. | Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: | 5d. 5e. 5f. 5g. 5h.+ | \$ \$ \$ \$ | 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ + \$ | 0.00 0.00 0.00 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 295.27 | \$ | 0.00 | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,185.74 | \$ | 0.00 | |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security Children Pension or retirement income Other monthly income. Specify: Spouse Income | 8c. 8d. 8e. | | 0.00 0.00 0.00 0.00 0.00 2,967.00 0.00 | \$ \$ \$ \$ \$ + \$ | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,967.00 | \$ | 2,047.43 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$_ | ţ | 5,152.74 + \$_ | 2,047.43 | = \$ | 7,200.17 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depend | | • | | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | Combine | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | monthly | income |

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| Filli | in this informa | ation to identify yo | our case: | | | | | | | |
|-------|-----------------------|---------------------------------------|---------------|---|--|----------|-----------|--------------------|--|-----|
| Debt | | Kathlene I R | | | | Cł | neck if t | his is: | | |
| 202 | | Ratifierie i K | JUIIISUII | | | | | amended filing | | |
| Debt | | | | | | | | | ving post-petition chapte | r |
| (Spc | ouse, if filing) | | | | | | 13 e | expenses as of | the following date: | |
| Unite | ed States Bank | ruptcy Court for the | . NORTH | HERN DISTRICT OF ILLIN | OIS | | MM | /DD/YYYY | | |
| | e number nown) | | | | | | | | r Debtor 2 because Deb rate household | tor |
| Of | ficial Fo | orm B 6J | | | | | | | | |
| | | J: Your | _ Evnor | 1606 | | | | | 42 | /13 |
| | | | | ISCS If two married people ar | e filing together, ho | th are e | nuallyı | resnonsible fo | | /13 |
| info | rmation. If n | | eded, atta | ch another sheet to this | | | | | | |
| Part | | ribe Your House | hold | | | | | | | |
| 1. | Is this a joi | | | | | | | | | |
| | ■ No. Go to | | • | | | | | | | |
| | | es Debtor 2 live i | n a separ | ate nousenoid? | | | | | | |
| | | | et file a ser | parate Schedule J. | | | | | | |
| _ | | | _ ' | diale deficuale o. | | | | | | |
| 2. | Do you hav | ve dependents? | ☐ No | | | | | | | |
| | Do not list Debtor 2. | Debtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? | |
| | Do not state | e the | | | | | | | □ No | |
| | dependents | ' names. | | | Daughter | | <i>-</i> | 12 | Yes | |
| | | | | | Danaktan | | | 40 | □ No | |
| | | | | | Daughter | | | 12 | Yes | |
| | | | | | Son | | | 17 | □ No | |
| | | | | | 3011 | | | 17 | ■ Yes □ No | |
| | | | | | Son | | | 19 | ■ Yes | |
| 3. | Do your ex | penses include | _ | No | | | | | – 165 | |
| | expenses o | of people other the | | Yes | | | | | | |
| | yourself an | d your depende | nts? | 103 | | | | | | |
| | | nate Your Ongoi | | | | | | | | |
| exp | | a date after the b | | uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| Incl | ude expense | es paid for with I | non-cash | government assistance i | f vou know | | | | | |
| the | value of suc | h assistance an | | cluded it on Schedule I:) | • | | | Vour over | 2000 | |
| (Ott | icial Form 6 | l.) | | | | | | Your expe | enses | |
| 4. | | or home owners nd any rent for the | | ses for your residence. In or lot. | nclude first mortgage | 4. | \$ | | 3,085.00 | |
| | If not include | ded in line 4: | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. | _ | | 0.00 | |
| | | | • | upkeep expenses | | 4c. | | | 50.00 | |
| _ | | eowner's associat | | | | 4d. | | | 0.00 | |
| 5. | Additional | mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | \$ | | 0.00 | |

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| ebtor 1 Kathlen | e I Robinson | Case number (if known) | |
|---|---|------------------------|----------------------------|
| . Utilities: | | | |
| | , heat, natural gas | 6a. \$ | 300.00 |
| • | wer, garbage collection | 6b. \$ | 50.00 |
| | e, cell phone, Internet, satellite, and cable services | 6c. \$ | 287.00 |
| • | | 6d. \$ | |
| | | | 0.00 |
| | ekeeping supplies | 7. \$ | 800.00 |
| | children's education costs | 8. \$ | 0.00 |
| • | lry, and dry cleaning | 9. \$ | 150.00 |
| . Personal care | products and services | 10. \$ | 0.00 |
| . Medical and de | ntal expenses | 11. \$ | 250.00 |
| | Include gas, maintenance, bus or train fare. | 10 (| 300.00 |
| Do not include of | · , | 12. \$ | 300.00 |
| | clubs, recreation, newspapers, magazines, and books | 13. \$ | 20.00 |
| . Charitable con | tributions and religious donations | 14. \$ | 0.00 |
| . Insurance. | | | |
| | nsurance deducted from your pay or included in lines 4 or 20. | 45- 6 | |
| 15a. Life insura | | 15a. \$ | 0.00 |
| 15b. Health ins | | 15b. \$ | 0.00 |
| 15c. Vehicle in | | 15c. \$ | 0.00 |
| | urance. Specify: Auto & Life (Dependants Necessary) | 15d. \$ | 462.00 |
| | nclude taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | | 16. \$ | 0.00 |
| . Installment or I | | | |
| | ents for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car paym | ents for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Sp | ecify: | 17c. \$ | 0.00 |
| 17d. Other. Sp | ecify: | 17d. \$ | 0.00 |
| Your payments | of alimony, maintenance, and support that you did not report | | |
| deducted from | your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18. \$ | 0.00 |
| . Other payment | s you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | | 19. | <u>.</u> |
| | erty expenses not included in lines 4 or 5 of this form or on Sc | | |
| 20a. Mortgage | s on other property | 20a. \$ | 0.00 |
| 20b. Real esta | te taxes | 20b. \$ | 0.00 |
| 20c. Property, | homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintena | nce, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowr | ner's association or condominium dues | 20e. \$ | 0.00 |
| Other: Specify: | Personal Grooming | 21. +\$ | 100.00 |
| School Fees | | +\$ | 100.00 |
| | | | 100.00 |
| • | expenses. Add lines 4 through 21. | 22. \$ | 5,954.00 |
| • | ur monthly expenses. | | |
| • | monthly net income. | | |
| | 12 (your combined monthly income) from Schedule I. | 23a. \$ | 7,200.17 |
| 23b. Copy you | r monthly expenses from line 22 above. | 23b\$ | 5,954.00 |
| | | - | |
| | our monthly expenses from your monthly income. | φ. | 4 040 47 |
| The resul | t is your monthly net income. | 23c. \$ | 1,246.17 |
| For example, do you modification to the | an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect yearms of your mortgage? | | e or decrease because of a |
| ■ No. | | | |
| ☐ Yes. | | | |
| Explain: | | | |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Kathlene I Robinson | | | Case No. | |
|-------|--|-----------|--|-----------|------|
| | | | Debtor(s) | Chapter | 13 |
| | | | | | |
| | DECLARATION C | ONCERN | IING DEBTOR'S S | CHEDUL | ES |
| | DECLARATION UNDER | PENALTY (| OF PERJURY BY INDIV | /IDUAL DE | BTOR |
| | I declare under penalty of perjury the sheets, and that they are true and correct to the sheets. | | | • | · — |
| Date | November 24, 2014 | Signature | /s/ Kathlene I Robinson Kathlene I Robinson Debtor | n | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 14-42357 Doc 1

Document

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B6 Declaration (Official Form 6 - Declaration), (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Kathlene I Robinson | | <u></u> | Case No. | | | |
|---|---|--------------|----------------------------|-------------|-------|--|--|
| | | | Debtor(s) | Chapter | 13 | | |
| | | | | | | | |
| | | | | | | | |
| | DECLARATION CONCERNING DEBTOR'S SCHEDULES | | | | | | |
| | DECLARATION CONDER D | | DILAT DE | NT/AD | | | |
| DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR | | | | | SIOR | | |
| | | | | | | | |
| | | | | | | | |
| | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief. | | | | | | |
| | sneets, and that they are true and correct to the | e best of my | knowledge, information, | and belief. | | | |
| | | | | | | | |
| | | | | n 0 a | **. | | |
| Date _ | 11/5/14 | Signature | Lochlene . | L K-G | House | | |
| | | | Kathlene I Robinson Debtor | | | | |
| | W. | | 1 1645317 15 | | | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

| In re | Kathlene I Robinson | | | |
|-------|---------------------|-----------|---------|----|
| | | Debtor(s) | Chapter | 13 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$43,214.00 Employment Income - 2014 YTD \$95,832.00 Employment Income - 2013 \$84,610.00 Employment Income - 2012

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$32,637.00 2014 YTD: Debtor Social Security Benefits for Children

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B7 (Official Form 7) (04/13)

2

AMOUNT SOURCE

\$35,604.00 2013: Debtor Social Security Benefits for Children \$35,604.00 2012: Debtor Social Security Benefits for Children

\$6,670.00 2014 YTD: Debtor Spouse's Contribution

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS

spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT PAID OR VALUE OF TRANSFERS

AMOUNT STILL

NAME AND ADDRESS OF CREDITOR

DDRESS OF CREDITOR

TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

CAPTION OF SUIT
AND CASE NUMBER
WELLS FARGO BANK, N.A., AS TRUSTEE FOR
THE CERTIFICATEHOLDERS OF MERRILL
LYNCH MORTGAGE INVESTORS TRUST,
MORTGAGE LOAN ASSET-BACKED
CERTIFICATES, SERIES 2005-HE3, PLAINTIFF V.
STEVEN ROBINSON; KATHLENE ROBINSON;
SAND CANYON CORPORATION F/K/A OPTION
ONE MORTGAGE CORPORATION,
DEFENDANTS.
CASE NO. 11CH2770

NATURE OF PROCEEDING Foreclosure

COURT OR AGENCY AND LOCATION DuPage County Judicial Center 505 N. County Farm Rd. Wheaton, IL 60187 STATUS OR DISPOSITION Judgment

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR. IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

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9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

Kathleen Vaught, P.C. 600 W. Roosevelt Road, Suite B-1 Wheaton, IL 60187 06/05/2014

\$310.00 Filing Fee

Kathleen Vaught, PC

06/05/2014

\$4,000.00 Attorney Fees

600 W. Roosevelt Rd., Suite B-1 Wheaton, IL 60187

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

TRANSFER(S) IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF **GOVERNMENTAL UNIT**

DATE OF

ENVIRONMENTAL

NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

ENVIRONMENTAL

LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six vears immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS ENI

BEGINNING AND ENDING DATES

NAME None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None h List

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None If the debtor

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | November 24, 2014 | Signature | /s/ Kathlene I Robinson | |
|------|-------------------|-----------|-------------------------|--|
| | | | Kathlene I Robinson | |
| | | | Debtor | |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury | that I have read the answers contained | I in the foregoing statement of financial: | affairs and any attachments thereto |
|------------------------------------|--|--|-------------------------------------|
| and that they are true and correct | | | |
| | | | 20 |

Date 11 5 14 Signature Kathlene J Robinson

Kathlene I Robinson

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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United States Bankruptcy CourtNorthern District of Illinois

| | | 1 (01 41101 11 2 1841 104 01 1111110 18 | | | |
|-------|--|---|---|------------------------------|----------|
| In re | Kathlene I Robinson | P.L. () | Case No. | | |
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF CO | MPENSATION OF ATTOR | NEY FOR DE | EBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy I paid to me within one year before the filing of the behalf of the debtor(s) in contemplation of or in a | e petition in bankruptcy, or agreed to be | e paid to me, for serv | | |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | |
| | Prior to the filing of this statement I have re | | | 4,000.00 | |
| | | | | 0.00 | |
| 2. | \$310.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclose | d compensation with any other person u | unless they are mem | bers and associates of my la | aw firm. |
| | ☐ I have agreed to share the above-disclosed cocopy of the agreement, together with a list of | | | | m. A |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. Analysis of the debtor's financial situation, ar b. Preparation and filing of any petition, schedu c. Representation of the debtor at the meeting o d. [Other provisions as needed] Relief from stay actions, lien avoi | les, statement of affairs and plan which f creditors and confirmation hearing, an | may be required; d any adjourned hea | rings thereof; | |
| 7. | By agreement with the debtor(s), the above-discl Extended evidentiary hearings or | | service: | | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement can kruptcy proceeding. | nt of any agreement or arrangement for | payment to me for r | epresentation of the debtor | (s) in |
| Date | d: November 24, 2014 | /s/ Kathleen Vaug | | | |
| | | Kathleen Vaught, Kathleen Vaught, 600 W. Roosevelt Wheaton, IL 6018 630-871-9100 Fa | PC Rd., Suite B-1 7 | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS (Court-Approved Retention Agreement, revised as of March 15, 2011)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure—but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from by their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved the following agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and com-pleteness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of

\$4,000.00 .

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Prior to signing this agreement the attorney has received \$\(\frac{4,000.00}{\)}\), leaving a balance due of \$\(\frac{0.00}{\)}\). In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

- 2. Early termination of the case. Fees payable under the provisions set out above are not refundable in the event that the case is dismissed, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 3. Retainers. The attorney may receive a retainer or other payment before filing the case, but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

Any retainer received by the attorney will be treated as an advance payment, allowing the attorney to take the retainer into income immediately. The reason for this treatment is the following: Flat fee-to guarantee attorney services and secure attorney availability for full length of Chapter 13 Plan as long as case is pending only; including, but not limited to, payment of fees and costs incurred pre-filing and pre-confirmation.

In any application for fees, whether or not requiring an itemization, the attorney shall disclose to the court any fees paid by the debtor prior to the case filing.

- 4. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 5. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 6. Discharge of the attorney. The debtor may discharge the attorney at any time.

| Date: 11/5/14 | |
|----------------------|--|
| Signed: | |
| Louplene & Robinson | Taxfullen Vaustit |
| Kathlene I. Robinson | Kathleen Vaught, P.C. Attorney at Law |
| Debtor(s) | 600 W. Roosevelt Rd., Ste. B-7 Wheaton, IL 60187 Tel: (630) 871-9100 |

Do not sign if the fee amounts at top of this page are blank.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois

| No | rthern District of Illinois | | |
|--|---|-----------------------|--------------------------|
| In re Kathlene I Robinson | | Case No. | |
| | Debtor(s) | Chapter 13 | |
| | NOTICE TO CONSUMI O) OF THE BANKRUPTC | ` ' | |
| I (We), the debtor(s), affirm that I (we) have recode. | Certification of Debtor eceived and read the attached not | ice, as required by § | 342(b) of the Bankruptcy |
| Kathlene I Robinson | X /s/ Kathlene I Ro | binson | November 24, 2014 |
| Printed Name(s) of Debtor(s) | Signature of Deb | otor | Date |
| Case No. (if known) | X | | |
| | Signature of Join | t Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois

| In re Kathlene I Robinson | | Case No. | |
|---|---|--------------------------|--------------------------|
| | Debtor(s) | Chapter 13 | |
| · | F NOTICE TO CONSUM b) OF THE BANKRUPT | ` ' | • |
| I (We), the debtor(s), affirm that I (we) have re | Certification of Debtor eceived and read the attached r | notice, as required by § | 342(b) of the Bankruptcy |
| Kathlene I Robinson | x xathl | ene I Robu | wen 11/5/14 |
| Printed Name(s) of Debtor(s) | Signature of D | Debtor | Date |
| Case No. (if known) | XSignature of Jo | oint Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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United States Bankruptcy Court Northern District of Illinois

| In re | Kathlene I Robinson | | Case No. | |
|-------|---|---|--------------|----|
| | | Debtor(s) | Chapter 13 | |
| | VERIFICATION OF CREDITOR MATRIX | | | |
| | | Number of | f Creditors: | 32 |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | |
| Date: | November 24, 2014 | /s/ Kathlene I Robinson Kathlene I Robinson | | |

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United States Bankruptcy Court Northern District of Illinois

| in re | Katniene i Robinson | | Case No. | |
|-------|---|---|---------------|---------------------------|
| | | Debtor(s) | Chapter | 13 |
| | VER | IFICATION OF CREDITOR MA | TRIX | |
| | | Number of Co | reditors: _ | 31 |
| | The above-named Debtor(s) he (our) knowledge. | ereby verifies that the list of creditors | s is true and | correct to the best of my |
| Date: | 11/5/14 | Kathlene I Robinson Signature of Debtor | DUNGE | * |

1700 Kieffer Dr., Ste. 1 Zion. IL 60099

15 gcument tree Page 5350f 54 Gardena, CA 90248-4910

P.O. Box 619063 Dallas, TX 75261-9063

BAC Home Loans 450 American St Simi Valley, CA 93065

HSBC Bank P.O. Box 5213 Carol Stream, IL 60197

Nationwide Credit and Collection 815 Commerce Drive, Suite 270 Oak Brook, IL 60523

Candica, LLC C/O Weinstein and Riley, PS 2001 Western Ave., Suite 400 Seattle, WA 98121

HSBC Bank c/o CCB Credit Services, Inc. 5300 S. 6th St. Springfield, IL 62703

Northwest Collectors 3601 Algonquin Rd., Suite 232 Rolling Meadows, IL 60008

Central DuPage Physician Group Pre-Collection Department P.O. Box 479 Winfield, IL 60190

ICS Collection Service P.O. Box 1010 Tinley Park, IL 60477-9110 Northwestern Medical Faculty P.O. Box 75494 Chicago, IL 60675

Conventions Psychiatry 4S100 Route 59, Unit 6 Naperville, IL 60563

Illinois Student Asst. Commission PO Box 235 Deerfield, IL 60015-0235

Provena Health Ctr For Diag. 75 Remittance Drive #6254 Chicago, IL 60675

Credit One Bank P.O. Box 98875 Las Vegas, NV 89183-8872 Juniper Card Services P.O. Box 13337 Philadelphia, PA 19101-3337 Provena Mercy Center c/o Creditors Collection Bureau Kankakee, IL 60901

Creditors Collection Bureau, Inc. PO Box 63 Kankakee, IL 60901-0063

Laboratory & Pathology Diagnostics Department 4387 Carol Stream, IL 60122-0001

Rediologists of DuPage, S.C. 520 E. 22nd Street Lombard, IL 60148-6110

DuPage Internal Medicine, LTD. P.O. Box 833X Wheaton, IL 60189

Medical Business Bureau, LLC P.O. Box 1219 Park Ridge, IL 60068-7219

State Collection Service 2509 S. Stoughton Road Madison, WI 53716

Federal Loan Servicing P.O. Box 69184 Harrisburg, PA 17106

Midwest IDS LLC P.O. Box 638 Winfield, IL 60190

Tri City Radiology S.C. 9410 Compubill Drive Orland Park, IL 60462

Full Circle Financial Services P.O. Box 2438 Largo, FL 33779-2438

MiraMed Revenue Group PO Box 77000 Dept. 77304 Detroit, MI 48277-0304

US Department of Education PO Box 530260 Atlanta, GA 30353-0260

Wells Fargo Case 14-42357 Doc 1 Filed 11/24/14 Entered 11/24/14 12:46:35 Desc Main C/O The Wirbicki Law Group 33 W. Monroe St., Suite 1140 Chicago, IL 60603

Winfield Laboratory Consultants, SC Dept. 4408 Carol Stream, IL 60122-4408